R E P O R T R E S U M E S

ED 019 700 CG 001 907

ENDURING EFFECTS OF VIDEOTAPE PLAYBACK EXPERIENCE ON FAMILY AND MARITAL RELATIONSHIPS.

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PUB DATE MAR 68

EDRS PRICE MF-$0.25 HC-$0.88 20P.

DESCRIPTORS- *VIDEO TAPE RECORDINGS, *FAMILY RELATIONSHIP, *FAMILY COUNSELING, *BEHAVIOR CHANGE, RESEARCH, MEASUREMENT, INTERACTION, AUDIOVISUAL AIDS, BEHAVIOR PATTERNS, COMMUNICATION (THOUGHT TRANSFER),

VIDEOTAPE PLAYBACK EXPERIENCES IN FAMILY AND MARITAL THERAPY HAVE APPLICATION FOR RESEARCH IN LONG-TERM BEHAVIOR CHANGE. THE ENDURING INFLUENCE OF VIDEORECORDING--(1) FACILITATES A MEASUREMENT OF BEHAVIOR CHANGE, (2) CONTRIBUTES TO UNDERSTANDING THE NATURE OF HUMAN BEHAVIOR, (3) CAPTURES THE CONTEXT, CUEING, AND COMMUNICATIONAL BEHAVIORS IN AN INTERACTIONAL SITUATION, AND (4) INVOLVES THE PATIENT DEEPLY IN SELF-OBSERVATION. THE TECHNIQUES, EQUIPMENT, AND METHODS OF USE ARE DISCUSSED. LONG-RANGE OR ENDURING EFFECTS CONCERN THE EFFECTIVENESS OF REPETITIVE PLAYBACK OVER A PERIOD OF TIME, INCLUDING ADAPTATION TO CONFRONTATION AND INCREASED SENSITIVITY TO COMMUNICATION PATTERNS, AND THE RESIDUAL EFFECTS OF A SINGLE OR A CLOSELY CONNECTED SERIES OF EXPOSURES IN CHANGING BEHAVIORS, ILLUSTRATED BY EXAMPLES OF IMAGE-IMPACT. WITH 75 FAMILIES AND MARITAL COUPLES, IMMEDIATE SELF-CONFRONTATION CONTRIBUTED TO THERAPY, MADE OBJECTIVE DATA QUICKLY AVAILABLE, ENCOURAGED MORE INTENSIVE EMOTIONAL INVOLVEMENT, MADE THERAPY AN EQUAL AND COOPERATIVE ACTIVITY, CLARIFIED COMPLEX BEHAVIOR PATTERNS AND SEQUENCES, AND RELATED VERBAL AND NON-VERBAL LEVELS AND CHANNELS OF COMMUNCATION. BOTH IMMEDIATE AND RESIDUAL EFFECTS PROVIDED INSIGHTS OF A MEANINGFUL AND LASTING NATURE. THIS PAPER WAS PRESENTED AT THE 45TH ANNUAL MEETING OF THE AMERICAN ORTHOPSYCHIATRIC ASSOCIATION (CHICAGO, MARCH 20-23, 1968). (WR)

ED019700

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* Presented at the 45th Annual Meeting of the AMERICAN ORTHOPSYCHIATRIC ASSOCIATION in Chicago, Illinois, March 20-23, 1968.

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INTRODUCTION

Videotape equipment has opened exciting new possibilities in therapy, teaching, and research. The importance of the immediate playback, and its effect in therapy has been described by several workers including Moore[7] Cornelison[4] Kagan[6] and the present authors.[1,5] The fact that so much objective data from sessions is available for review again and again not only has application in the therapy itself, but also in the area of research.

Assessing change in behavior has been most difficult and the comparison of television recordings made of couples and families over a period of time provides a new dimension in measurement. No one can be present in a situation and perceive, much less remember, the complexities of behavior. Comparison of therapists' dictated notes on a session, and the television recording of the same session reveals the limits and personal bias in one person's observation and recall. Patients, too, are unaware of much of the interaction, and also of much of the change which may be occurring over a period of time. Comparison

of serial videorecordings provides convincing evidence that change has occurred.

In this paper, the authors will describe some of the clinical effects of the use of videotape playback in family and marital therapy, and will focus particularly on the long-term, or enduring influence of the experience. In terms of research, these observations are presented as clinical material only, but the way for a thorough research project into the measurement of change in behavior has been opened through videorecordings, and in many centers such work is now in progress.

In addition to facilitating a measurement of behavioral change, videorecording also contributes to an understanding of the nature of human behavior. Therapy with natural groups, such as families and couples, is evidence of growing acceptance of the concept that no individual can be understood in isolation. The videorecording is a superb technique for capturing the contex of a situation as well as the multiplicity of cueing and other communicational behavior. Insight therapy traditionally was considered to a large degree a "verbal" therapy. The idea of "acting out" was discouraged. Considering behavior in terms of an interpersonal field led to a broadened understanding, and developments in communication theory, such as the double-bind[2] concept also increased the basis of our understanding. The

importance of the set, and context in influencing behavior has been mentioned. Kinsesics[3], a study of communication through body movement and gesture, adds further richness to our understanding. The videorecording makes it possible for those involved in a situation to suddenly stand back and observe themselves in the midst of an interactional situation. Not only may such an experience occur once, but it can be repeated as often as desired, and over any period of time. One of our patients aptly described the method as a "time-mirror". There is a marked difference in viewing one's behavior on videotape recordings, and in viewing one's behavior in an actual mirror. First, with videotape there is a virtual image and not a mirror image. But perhaps of greater importance is the possibility of more completely separating the observing-self from the participating-self. In mirror observation, one still has immediate control over the movement of his body in the mirror image, while with videorecording, the observing person can now only observe, and cannot any longer influence the behavior he is watching himself perform. It is essentially through this phenomenom that a patient is able to become an equal partner with the therapist in the observing and research function of therapy. The effect of this is the development in the patients of a greater sense of personal involvement. When a person observes something for himself, rather than having it "pointed-out" to him, he more readily integrates his new awareness without the feeling of being "directed" to do so by someone else.

TECHNIQUES

The actual equipment used will be described briefly. Since less expensive equipment became available in 1965, there has been a continuing development in the field; and refinements and innovations appear with increased frequency. Therefore, anyone wishing to purchase or lease equipment should have a survey of his particular requirements, so that the best current videorecording equipment suited to his specific needs can be obtained. The essential elements are a videorecorder, a camera, suitable lenses, and proper lighting and seating arrangements. The equipment can be concealed either behind a one-way mirror, or the camera can be concealed behind a heavy-mesh cloth, so the focal point is behind the cloth. In our method, most of the equipment and the camera are not concealed through deliberate design. It is felt that the procedure is not distracting, and the openness supports one of our therapeutic goals in attempting to integrate therapy with the rest of a person's life. The camera and recorder can be operated by remote controls if desired, and the therapist can do this himself, or an operator at another location can monitor the action and control the cameras. In our work, we either have the camera in fixed-focus on a married couple, or have a camera operator present. At times, members of the family are asked to operate the camera. This has often produced a dual result. First, the family member may reveal a great deal about his own feelings in the way he chooses his scenes. Also, he tends to develop a different perspective on the total situation when he is in place behind the camera. Several patients have commented

that they realized that, after the experience of operating the camera, they had found a new perspective in the way they were looking at any situation in which they were later involved.

When a wide-angled lens is used, one can observe the inter-relatedness of each participant's behavior, and this is especially valuable in determining family interaction, and in highlighting established family patterns and covert agreements. A zoom lens is valuable for focusing on a person's facial expression, and such a picture often has great impact. Special effects can be obtained through the use of generators, allowing the use of split-screen images. In this way, two people confronting each other can be placed side by side on the viewing screen. In more elaborate installations, several cameras can be used to good advantage to obtain shots from different angles. In such a situation, an operator is usually placed in a position at a monitor console to choose the shots to be recorded.

So much for discussion of the actual equipment. The method of use can be varied. In one of our usual sessions, a videorecording is made of the first ten or fifteen minutes of a regular session. The recording is then played back to all participants, with the instruction thay anyone can ask that the tape be stopped at any point in the replay. Therapists as well as patients may stop the tape to comment on anyone's behavior, or on their own reactions either as they appear on the recording,

or as they remember feeling them at the time of the actual session. Patients may be most likely to pick up discrepancies between their observed behavior and their remembered feelings. The therapist may more likely be able to comment on complex patterns of interaction, and cueing and following behavior.

A second way to use the recording is to have the camera operating throughout a regular session, with the understanding that, at any point, anyone may ask that the recording be stopped and the particular section just recorded be played back. This allows an immediate and ready way to check an observation, or to review an action that one person observed, but which was missed by another family member.

A third method is to record a session entirely, or in part, and then reply it in its entirety with no stops, in order to allow the impact of the complete unfolding of the interaction. All these methods can be used at the time of the immediate session, or the videorecordings of one session can be played back at a later date. For example, some of the clinical excerpts used in this paper came from a session in which a married couple viewed the recording of their initial joint therapy session which had occurred over a year earlier.

Finally, it is clear that the videorecording is actually a technique, or tool, which has impact in its own right, but which also lends itself as an adjunct to many styles of therapy. Therefore, the way in which this technique is used will vary greatly with each therapist's style and conceptualization and practice of psychotherapy.

LONG-RANGE EFFECTS

In other papers, the authors have discussed some of the immediate, or short-range effects of the videotape playback experience. "Image-impact" has been used by the authors to describe a person's reaction to the initial viewing of his own image, and in addition his own behavior. Another aspect is the "second-chance phenomenon". When, on playback, a person becomes aware of a feeling he was experiencing during the original episode, he then has a second chance to communicate this feeling to the others present in a more direct way. The "apres vu phenomenon" has a similar basis. On replay, one may become aware of behavior in another person which was not seen earlier. One then has a new opportunity with this "after-view" to react to that person in light of the new awareness.

The long-range, or enduring effects of the playback experience can be divided into two aspects. The first concerns the effectiveness of the playback on repeated use over a period of time. The second has to do with the residual effects of a single,

or a closely connected series of exposures after a longer interval.

The first aspect has to do with adaptation to confrontation. It is common experience that, when playback is used to help someone learn new styles or maneuvers in sports, for example, there is a gradual lessening of the effect after two to three weeks of daily exposure. In other words, one tends to become used to the image in that situation, and so the freshness of the observer-role is diminished; and one, in a sense, becomes functionally "blind" to one's own image. Undoubtedly, there is some of this pattern when the playback is used in a therapy situation. Certainly, observation reveals that one becomes less sensitive to one's actual physical appearance. However, even after many months of use, patients still find new impact on viewing themselves. One explanation of this is that the behavior is constantly changing (in a way that is different than when a person is continually practicing a special figure in ice-skating); that is, the behavior is changing in reference to the current set and context, and to the altering ways that other people in the situation are behaving. Thus, although a pattern in one individual may be repetitive in one sense, it also is related to different cues at different times, and the total experience continues to have a freshness which counters mechanical adaptation in the personal response. The further implication of this is that a

person viewing himself on different days in different contexts will see that his behavior can be extremely varied. Not only do family members become aware of this wide range of possible behavior, but therapists too may be startled (and possibly encouraged) to realize that they behave in very different ways at different times, and with different patients. An awareness is developed that we are not just static personalities that can be labelled, but rather that we are very responsive and adaptive human beings with a wide repetoire of responses and reactions.

One couple, already mentioned, viewed their original session about one and one-half years later. Many of their comments about the original session were the same as they had been at the time of the immediate playback during the original session. However, there was now even greater emotional reaction to some of the original behavior which they felt they no longer exhibited to the same degree. The discrepancy between the inner feelings, and the behavior which apparently belied the presence of these feelings, seemed even more apparent on the new viewing. In this session, the recognition of covert anger was especially emphasized by both husband and wife; and they both commented on the marked change which had occurred during the interim in their capacity to be more in touch with their angry feelings, and to express the anger more directly. This same reviewing experience

confirmed a finding of Nielsen.[8] He found that re-confrontation induced in the couple many of the feelings from the original episode, and that with the new viewing, these were now seen in wider perspective, and with more acceptance. It has not been our experience that the counter-evaluation described by Nielsen was frequently found. He stated that, on review several months after an original filming, a person would have a different evaluative reaction than originally. We found, in our examples, that the initial reaction was more strongly affirmed on the new viewing.

Repetitive use of the playback method has the effect of increasing sensitivity to a family communication pattern. For example, in one family, the husband began to relate his feeling of frustration when he tried to discipline his son. Almost before he was started, his wife interrupted and began to elaborate and modify the description. As this happened, the husband shifted position several times, turned his head away from his wife, and stared up towards the ceiling. When this pattern was noted on the replay, he became aware of angry feelings and, at the same time, thought that he should listen to his wife. In turn, the wife reported that she felt anxious when he began to talk about difficulties with their son and wanted to make sure that the son's side was fairly presented. As soon as the husband turned away, she realized she had more anxiety and, consequently, tried to

reduce this by talking more, which only caused further withdrawal on his part. Once this pattern was identified several times, the cycle became interrupted as soon as one partner mentioned the "anxiety cycle". Eventually, the husband became very alert to his shift of position, and would immediately identify the now familiar communication pattern. Both were then able to communicate more directly about their anxieties, and clarification resulted. Thus, repeated viewing of playback permits sensitization to a communication pattern, and eventually all that is needed is a slight cue, and one of the family members can open up the communication by saying something like, "Here we are at the same old game again!"

The residual effects from playback can be very profound, even from a single experience, and several examples will now be given to illustrate this. Image impact can have an immediate marked effect, but also a sustained effect. After a single viewing, one married woman kept referring to her "chicken-pox voice" and to "that frozen puss!" Up to six months later, she would frequently make appropriate references to these qualities, and use them in a metaphorical way to describe a pattern of relating to which she was now quite sensitively aware. The "chicken-pox voice" referred to a tone of arrogant belligerence she had detected when she once asked the therapist what chicken-pox looked like.

One patient continues to refer to an image of himself from a videotape playback session approximately six months earlier. During the actual therapy session, the wife referred to the husband's detachment, his emotional lack of connection, and his unwillingness to struggle with these factors in his relationship with her. This husband accepted, as he usually did, his wife's definition of his behavior, until he watched the playback segment. At that point, he realized that, while he was somewhat detached, he was struggling to make contact, and could respect himself for it. During the playback, his wife was also able to see this effort. He has since frequently recalled that image of himself as he saw it on the TV screen to help sustain his self-esteem, and to confirm his genuine effort in responding to his wife.

Another example which was quite dramatic continues to figure in the ongoing relationship of another husband and wife. The husband saw himself for the first time as cringing and servile before his wife, although he had been told about this behavior many times in individual therapy sessions. As he watched the screen, his reaction was so intense that sweat stood out on his forehead, and he said that he couldn't stand to watch it again. He did, however, watch several more times, and then determined to stand up to his wife regardless of the consequences.

Since then, he has been able to persist in this determination, with the result that a more respectful relationship between them continues to develop.

Therapists also can experience a lasting effect from a vivid realization of their own behavior during videotape playback. Dr. Hogan recalls, and still associates frequently to the image of himself having an angry exchange with a patient. Following the actual session, he recapitulated in a two-hour period most of the work he had done in his personal analysis concerning his anxiety about uncontrolled anger. More important, while he had become fairly comfortable with his own expression of anger, he realized through seeing this image how people could experience him in a more menacing and threatening way than he himself had been aware. In another videotape session, Dr. Alger on replay saw himself frozen and paralyzed during the interview, even though at the time he had subjectively experienced himself as listening in an interested way. Since that realization, whenever he finds himself frozen in the position of an "interested" listener, he is reminded of that video image, and actively moves to alter the situation.

A startling series of moves in one videotaped segment of a joint marital therapy session had profound and lasting effect on the relationship. The husband had begun to discuss his feelings about a situation in the home, when the wife interjected by asking

if she could question something. The husband suddenly looked dazed as the wife continued her interruption, while lighting a cigarette. As if in a trance, the husband began to follow every physical move the wife made as she moved forward in her chair, then back, then slightly forward and back again. As this sequence was played and replayed on the videotape, the husband became more and more aware of how much he let himself be "taken over" by his wife's directions, so that he was following her in almost automated-puppet style. The shocking image of himself rocking back and forth in resonance with her cues stayed with him; and, from that time on, he was increasingly able to protect himself from this kind of dependent resignation. After a full year, the impact of that scene is still powerful, and is still being used by him.

A husband and wife who had been seen separately, and in joint session, were seen as a family with their two sons. On replay, it became immediately evident that the father and the two sons were in almost constant rapport. Their physical movements coincided, and posturing was imitated among the three of them, while the mother appeared to be very isolated in the family group. On viewing this videotape playback, the father became more aware than ever before of his wife's exclusion, and he felt sympathy for her loneliness. After several weeks, the recollection of that scene remained with him, and he has used it frequently to reorient himself in the family situation, in an attempt to reach

out to his wife, and to counter the isolating structure that had developed.

Another family session involved a mother and father and their two twin daughters who were then sixteen years old. In the session, it was clear that there was a coalition of the father and the two daughters against the mother. On playback, one daughter recognized her mother's isolated position and felt very empathetic towards her mother. Following this, she was able to make a new kind of personal connection with her mother, and over 18 months later, this new quality of relationship still persists.

During a family session with a mother and father and their five-year old son, the son kept trying to gain his father's attention while the mother was talking. The father continually avoided his son's attempts, and tried to act as if he was unaware of the son's presence. On playback, the father recognized immediately how he was avoiding his son, but said that at the original time he was completely unaware that this was going on. The recognition gained during playback has remained, and the father now is much more receptive to his son and is more sensitive when he begins to disconnect and withdraw.

A final example of lasting impact will be given, although it does not really fit into the patterns described already. This example cannot be adequately explained, but can be reported. One

married couple had a young son age 6 who, over a period of several years, had a severe problem with chronic constipation. Many medical approaches (by and large unsuccesful) had been suggested by pediatricians, and still the parents were most concerned. The mother and father participated in one videotaped session which had great impact for them. Among other things, they became aware of the degree of distance between them and of the great difficulty each had in expressing feeling, particularly anger, in an open and direct way to one another. The couple continued to work by themselves for a while, and later reported that the impact from seeing their impasse on videotape had been lasting, and that they had been able, from that time on, to work more effectively in establishing open communication with one another. What was especially startling was that from the day following that session until the present time, nearly two years later, the son has had no further problem with constipation. One can only speculate that the alteration in the parents' communicat ion, and their renewed efforts at working towards greater understanding in their marriage, resulted in an alteration in the family constellation, and reflected itself even in the son's physiology.

CONCLUSION

Since 1965, the authors have used the videotape playback technique with over 75 families and marital couples in their private practices. On the basis of this experience, it is felt that the addition of this tool for providing immediate self-confrontation has made a significant contribution to therapy. Not only does it make available immediately more objective data concerning the therapeutic process, but it also encourages a more intensive emotional involvement in the process of therapy itself. In addition, the nature of the therapeutic endeavor is felt as a more equal and cooperative activity, since both patients and therapists have equal access to the objective record of what transpired. This aspect of the involvement and the cooperative feeling is described by the wife of one couple as follows:

> That first videotape session was the first time in therapy that I didn't feel "on trial". You know, when you first catch yourself out at something, I mean that the first time you have to realize that yes this is something negative about you, about one's self, this is a very painful impact. The painful impact of this realization that - Oh! Christ! I am like that. I do do that. I am radiating anger or hostility or I am covering up or something like that - this painful piece of knowledge about yourself that makes you feel so bad. You know, when we were looking back I would see it for myself and the first overwhelming baffled feeling, that sort of all-down-the-drain-punch-in-the-eyes came to me by looking at it. And then when somebody stopped it and said it, the way you said it was so much milder than the way I was already saying it to myself that I hardly felt - I didn't feel at all that you were attacking me, which is the way I felt before. Because you usually were saying it in

> such a milder way and such a nicer way than I had just been saying it to myself that I was sort of relieved. I didn't feel like you came down on me with boots, but that you were pointing something out very gently. I had already sort of come down on myself with boots. You know, when I saw myself do it, I would say Oh, God! Because of this, when one of you pointed out something to me, it came to me as a sort of helpfulness as a gentle calling to my attention this or that or the other that I felt that I could listen to and felt that I could take it and I felt like I could go on and explore it further and deeper.

The use of the playback also serves to clarify complex behavior patterns and sequences in the actual context of their occurrence, and is especially useful in relating verbal and non-verbal levels and channels of communication within these contexts

The final point, and the central one as far as this paper is concerned, is that the impact from the playback experien can be both effective on repeated trials over a period of time, and also that the residual effect can be clinically quite significant and lasting, and can have a major influence on a person's adaptation over a period of months and even years. In brief, the experience of videotape confrontation can help produce insight of a meaningful and lasting nature. It can also be helpful to a person in contacting and taking responsibility for his own feelings and behavior, in expressing those feelings more directly when desired, and in maintaining his own direction in life.

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